FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080223 3 COMMITTEE NAME **OFFICE USE ONLY** Texas House Republican Caucus PAC Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 13305 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78711 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Shelby NAME NICKNAME LAST **SUFFIX** Slawson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1100 Congress Ave. STREET **ADDRESS** E2.1006 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 13305 MAILING **ADDRESS** Austin, TX 78711 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 394-7815 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 File	r ID (Ethics Commission Filers)
Texas House Republ	ican Caucus PAC		000	80223
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Benjar	min C Bumgarno	er State Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	RTHAN	\$ 0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF L	_OANS)	\$ 58,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES		\$ 154.90
	4. TOTAL POLITICA	L EXPENDITURES		\$ 64,219.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF T G PERIOD	THE LAST DAY	\$ 38,082.95
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	IS AS OF THE	\$ 0.00
16 AFFIDAVIT	<u> </u>			
			es all information i	at the accompanying report is required to be reported by me
			Shelby Slaws	on
		Signa	ature of Campaign	Treasurer
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _		, this the _	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	h Title	of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME Fexas House Republica	n Caucus PAC			13 Filer ID (Ethics Commission Filers)
	n Caucus PAC			
	• • • • • • • • • • • • • • • • • •			00080223
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Angie C Button	I State Representative
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE	1. Candidates	A. Supported	The Honorable Caroline Harris F	Davila State Representative
ACTIVITY	(Identify by name or, if			cano representante
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if		Hillary G Hickland State Repres	sentative
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.)	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed COMMITTEE (Describe by date and location of election and nature of issue.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (CIVITY Attach lists on plain paper to complete this eport if necessary.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Identify by name or, if applicable and location of election and nature of issue.) B. Opposed B. Opposed B. Opposed B. Opposed Complete this eport if necessary.) B. Opposed B. Opposed Complete this eport if necessary.)	aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) A. Supported The Honorable Caroline Harris II B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) Attach lists on plain (Identity by name or, if applicable, classify by party.) Attach lists on plain (Identity by name or, if applicable, classify by party.) Attach lists on plain (Identity by name or, if applicable, classify by party.) B. Opposed COMMITTEE (CTIVITY (Identity by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed 3. Officeholders (Describe by date and location of election and location election

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 4 of 18

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Texas House Republic	can Caucus PAC			00080223
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Lacey M Hull Sta	ate Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marc Andrew LaHood State Rep	presentative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Janie Lopez Sta	te Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 18

COMMITTEE NAME Fexas House Republica COMMITTEE ACTIVITY	n Caucus PAC			13 Filer ID (Ethics Commission Filers) 00080223
COMMITTEE				00080223
COMMITTEE				
	(Identify by name or, if applicable, classify by party.)		The Honorable John Lujan III S	tate Representative
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE	<u> </u>	A. Sunnorted	Don F McLaughlin 1r State De	enresentative
ACTIVITY	(Identify by name or, if		Don't Metadymin St. State N	presentative
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	The Honorable Morgan D Meye	r State Representative
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	Attach lists on plain aper to complete this eport if necessary.) COMMITTEE CCTIVITY Attach lists on plain aper to complete this	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (CTIVITY 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Committee (Identify by name or, if applicable, classify by party.) 4. Candidates (Identify by name or, if applicable, classify by party.) 5. Measures (Describe by date and location of election and nature of issue.) 7. Measures (Describe by date and location of election and nature of issue.)	COMMITTEE CTIVITY COMMITTEE CTIVITY COMMITTEE CTIVITY COMMITTEE CTIVITY COMMITTEE CTIVITY COMMITTEE CTIVITY COMMITTEE COMM	Committee Comm

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE							Page 6 of 18
2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Texas House Republica	an Caucus PAC					00080223	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Denise \	Villalobos	State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)						

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					7 of 18
17 COMM Texas		E NAME use Republican Caucus PAC	18 Filer ID 00080223	(Ethic	s Commission Filers)
		SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	×	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	58,550.00
2.			\$		
3.			\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	64,219.90
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	NS		SCHEDULE A				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 8/18			
2	FILER NAME Texas House	e Republican Caucus PAC			3	Filer ID (Ethics Commission 00080223	on Filers)		
4	Date 08/30/2024	5 Full name of contributor Allen, Cynthia6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00		
		Houston, TX 77018							
8	Principal occu Director	pation / Job title (See Instructions	(i)	9 Employer (See Instructions Arekma Inc	5)				
	Date Full name of contributor aut-of-state PAC (ID#: C00148031) 10/10/2024 Caterpillar Inc Political Action Committee (CATPAC) Contributor address; City; State; Zip Code Irving, TX 75039				•	Amount of Contribution (\$)	\$5,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 Connor, Matthew Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,500.00			
	Principal occu	Cypress, TX 77433 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	·)				
	Government		,	Arete Public Affairs	•)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Constellation Energy Corporation Employee PAC Contributor address; City; State; Zip Code Washington, DC 20001			Amount of Contribution (\$)	\$5,000.00				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date 10/10/2024	Full name of contributor El Paso Electric Company Contributor address; City; St El Paso, TX 79960			•	Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)				

	MONET	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 9/18	
2	FILER NAME Texas House	e Republican Caucus PAC			3	Filer ID (Ethics Commission 00080223	on Filers)
4	Date 09/26/2024	5 Full name of contributor HS Law PAC6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 K&L Gates LLP Committee for Good Government Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$5,000.00
	Principal occu	Dallas, TX 75201 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:) Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78760 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 08/06/2024	Full name of contributor Miller, Robert Contributor address; City; St Dallas, TX 75201	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions LockeLord	s)		
	Date Full name of contributor out-of-state PAC (ID#:) National Rifle Association Political Victory Fund Contributor address; City; State; Zip Code Fairfax, VA 22030				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS 		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 10/18	
2	FILER NAME Texas House	e Republican Caucus PAC			3	Filer ID (Ethics Commission 00080223	on Filers)
4	Date 10/10/2024	5 Full name of contributorONE Gas, Inc. Political Act6 Contributor address; City; Sta			7	Amount of Contribution (\$)	\$5,000.00
		Tulsa, OK 74103					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 Texas Consumer Lenders PAC Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$2,500.00
	Principal occu	Greenville, SC 29615 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		,		p - 7 - (,		
	Date 09/26/2024					Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/26/2024 Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code Austin, TX 78735-6723		•	Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor x out-of-state PAC (ID#: C00142711 10/10/2024 The Boeing Company PAC Contributor address; City; State; Zip Code Arlington, VA 22202				•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CO	NTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to	1 Total pages Schedule A1: Sch: 4/4 Rpt: 11/18			
2	FILER NAME Texas Hous	e Republican Caucus PAC			3 Filer ID (Ethics Commission Fi 00080223	lers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 10/18/2024 USAP PAC 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$12,	000.00	
		Dallas, TX 75251				
8	Principal occu	pation / Job title (See Instructions)	!	9 Employer (See Instructions	ns)	
	Date Full name of contributor out-of-state PAC (ID#:) 08/23/2024 Whitmire, Whitney Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,	000.00
	Principal occu	Houston, TX 77018 upation / Job title (See Instructions)		Employer (See Instructions Whitmire & Munoz LLC		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 1/7 Rpt: 12/18	Texas House Republican Caucus PAC 00080223	
4 Date	5 Payee name	
09/27/2024	Angie Chen Button Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,000.00	PO Box 832748	
Expenditure from corporate funds	Richardson, TX 75083	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Sampanga Samanan	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
10/10/2024	Atchley & Associates LLP	
		_
Amount (\$)	Payee address; City; State; Zip Code	
\$2,100.00	1005 La Posada Drive	
Expenditure from corporate funds	Austin, TX 78752	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense PAC Accounting and reporting services	
	The Accounting and reporting services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/01/2024	Atchley & Associates LLP	
Amount (\$)	Payee address; City; State; Zip Code	
\$957.50	1005 La Posada Drive	
, , , , , ,		
Expenditure from corporate funds	Austin, TX 78752	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense PAC Accounting and reporting services	
	FAC Accounting and reporting services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

С	ionsulting Expense contributions/ Donations Made By Candidate/Officeholder/Politica credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense I		xpense /ages/	Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1 To	tal pages Schedule F1:	2 FILER NAMI	=					3	Filer ID	(Ethics Commission Filers)
S	Sch: 2/7 Rpt: 13/18	Texas Hou	se Republican Caud	cus PAC					00080223	
4 Da	nte	5 Payee name								
07	7/30/2024	Atchley & A	ssociates LLP							
6 An	nount (\$)	7 Payee addre	ss; City;	State;	Zip Co	de				
	\$507.50	1005 La Po	sada Drive							
	Expenditure from corporate funds	Austin, TX	78752							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this sched	ule)	(b)	Description			
E	OF XPENDITURE	Accounting	/Banking				=		de of Texas. Comp	
							—		officeholder living	
							PAC Account	urig	anu reportin	iy services
9 Co	omplete <u>ONLY</u> if direct	Candidate/Off	iceholder name	∩ff	fice sou	aht			Office he	ld
	penditure to benefit C/OI		denotati name			9111			Office field	
Da	nte	Payee name								
09)/27/2024	Ben Bumga	arner Campaign							
An	nount (\$)	Payee addre	ss; City;	State;	Zip Co	de				
	\$3,000.00	5150 Kensi	ngton Ct							
	Evnanditura fram									
	Expenditure from corporate funds	Flower Mou	ınd, TX 75022							
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this sched	ule)	(b)	Description			
E	OF XPENDITURE		ns/Donations Made						de of Texas. Comp	
	-	Candidate/	Officeholder/Politica	al Committ	tee				officeholder living	expense
							Campaign Co	ווווו	ibution	
	omplete <u>ONLY</u> if direct penditure to benefit C/OI		iceholder name	Off	fice sou	ght			Office he	ld
	political to bollolit 6/01	•								
Da		Payee name								
09	0/27/2024	Caroline Ha	arris Davila Campai							
An	nount (\$)	Payee addre		State;	Zip Co	de				
	\$3,000.00	PO Box 70	0							
	Expenditure from corporate funds	Round Roo	k, TX 78680							
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this sched	ule)	(b)	Description			
E	OF XPENDITURE		ns/Donations Made				_		de of Texas. Comp	
	-	Candidate/	Officeholder/Politica	ai Committ	tee		Campaign Co		officeholder living	expense
							Campaign Co	J1 1U	isation	
Co	omplete ONLY if direct	Candidate/Off	iceholder name	Off	fice sou	ght			Office he	ld
	penditure to benefit C/O			2		J -				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 3/7 Rpt: 14/18	Texas House Republican Caucus PAC 00080223
4 Date	5 Payee name
10/18/2024	Caroline Harris Davila Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,500.00	PO Box 700
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/OI	
Date	Payee name
10/15/2024	Denise Villalobos Campagin
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	10330 Kingsbury Dr
Expenditure from corporate funds	Corpus Christi, TX 78410
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	Don McLaughlin Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 1707
- Formandham Cons	
Expenditure from corporate funds	Uvalde, TX 78802
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Sampaigh Solidibation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

1g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 4/7 Rpt: 15/18	Texas House Republican Caucus PAC 00080223
4 Date	5 Payee name
10/18/2024	El Paso Electric Company Employee PAC Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	PO Box 982
Expenditure from corporate funds	El Paso, TX 79960
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refund Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Return of contribution received
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
10/15/2024	Hillary Hickland Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 1191
Expenditure from corporate funds	Belton, TX 76513
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Campaign Contribution
	Sampaigh Continuation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/27/2024	Janie Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 2073
Expenditure from corporate funds	San Benito, TX 78586
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 16/18	Texas House Republican Caucus PAC 00080223
4 Date	5 Payee name
10/18/2024	Janie Lopez Campaign
6 Amount (\$) \$5,500.00	7 Payee address; City; State; Zip Code PO Box 2073
Expenditure from corporate funds	San Benito, TX 78586
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
ZA ZHBITORZ	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	John Lujan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 14479
Expenditure from corporate funds	San Antonio, TX 78214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LINDII GILL	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/18/2024	John Lujan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,500.00	PO Box 14479
Expenditure from corporate funds	San Antonio, TX 78214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_//	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 17/18	Texas House Republican Caucus PAC 00080223
4 Date	5 Payee name
09/27/2024	Lacey Hull Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	PO Box 19231
— Forest dit us form	
Expenditure from corporate funds	Houston, TX 77224
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
10/18/2024	Lacey Hull Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,500.00	PO Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
10/15/2024	Marc LaHood Campaign
	1.5
Amount (\$)	
\$3,000.00	4014 McCullough Ave
Expenditure from	
corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
Z. ZIDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to beliefit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		gory not listed above)		
•	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	1: 2 FILER NAME 3 Filer ID (Et	thics Commission Filers)		
Sch: 7/7 Rpt: 18/18	Texas House Republican Caucus PAC 00080223			
4 Date	5 Payee name			
10/18/2024	Marc LaHood Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3,000.00	0 4014 McCullough Ave			
Expenditure from corporate funds	San Antonio, TX 78212			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Gontalbations/Bonations Made By	Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee Campaign Contribution	ense		
	Campaign Contribution			
9 Complete ONLY if direct expenditure to benefit C/O				
Date	Payee name			
09/27/2024	Morgan Meyer Campagin			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,000.00				
Expenditure from	#400			
corporate funds	Dallas, TX 75219			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By	Schedule T.		
EXI ENDITORE	Candidate/Officeholder/Political Committee	ense		
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
experiditure to benefit C/Oi	On			